

Preschool Summer Program Enrollment Form 2026

Child's Full Legal Name: _____

Date of Birth _____ Age _____

Address _____ Postal Code _____

Parent Information

Parent/Guardian 1

Parent Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address: _____

Same as Child

Parent/Guardian 2

Parent Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address: _____

Same as Child

Office Use

Enrolment Start Day: _____ Enrolment End Day: _____

Other: _____



Preschool Summer Camp Program 2026

Type of Program	Program Time	Program Cost	CWELCC Reduced Parent Fee
Extended Day	9:00 am – 2:30 pm	\$ 300 / wk.	\$ 110.00 / wk.
Full Day	9:00 am – 4:00 pm	\$ 370 / wk.	\$ 110.00 / wk.
Extended Morning	8:00 am – 9:00 am	\$ 70 / wk.	
Extended Afternoon	4:00 pm – 5:00 pm	\$ 70 / wk.	
Extended Afternoon	4:00 pm – 6:00 pm	\$ 140 / wk.	

Summer Camp Weeks

***** Minimum 2 consecutive weeks each month**

- June 30 to July 03: Gardening Week (4 – day week)
- July 06 to July 10: Safari and Jungle Week
- July 13 to July 17: Music and Dance Week
- July 20 to July 24: Farm Animals Week
- July 27 to July 31: Under the Sea Week
- August 03 to August 07: Science week (4 – day week)
- August 10 to August 14: Construction Week
- August 17 to August 21: Art Week
- August 24 to August 28: Space Week

PLAY LOFT WILL BE CLOSED FROM AUGUST 31 – SEPTEMBER 04 INCLUSIVELY

Sleep Arrangements

Does your child nap each day? _____

How long does your child usually nap for? _____

Does your child have any special sleep arrangements? (E.g. comfort item, soother)?

YES NO

If yes, please provide relevant: _____

Diaper/Toileting Requirements

Is your child in Diapers? YES NO

If **no**, my child: Uses the washroom independently.

Requires Assistance

Requires Full Support

Please provide details, if necessary: _____



Your Child's Health

If your child is anaphylactic? *(Please circle)*

YES

NO

Does your child need an Epi-Pen? *(Please circle)*

YES

NO

Are you concerned that your child may be prone to any type of allergies? Please describe.

Does your child have any medical condition of which we should be made aware?

Has your child had the following common childhood illness?

- | | |
|--|--|
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Measles |

Does your child have any speech, language, hearing or visual delays?

Are there any food restrictions?

What language (s) are spoken at home?

Is there any other information you would like to let us know about?

Emergency Contacts

In the event of an emergency, if parents cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact # 1

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

Authorized to pick-up child

Emergency Contact # 2

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

Authorized to pick-up child

Emergency Contact # 3

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

Authorized to pick-up child

Play Loft Authorization for Child Pickup

We would like to remind all parents of Play Loft's policy regarding the safe pick-up of children other than the parent or legal guardian. As a measure of security, we require prior written notification from parents authorizing the person(s) to pick up your child (ren) from school, either on a regular or occasional basis.

To this effect, by signing this form, parents will inform Play Loft of the person(s) allowed to pick-up their child (ren) for the current school year only.

In the event of an unforeseen emergency, whereby a different person other than those listed on the Authorization Form will be picking up your child, we ask that a parent telephone Play Loft as soon as possible to apprise us of this situation. Play Loft's policy is such that we will not allow someone to leave with a child without prior notification from the parents. The safety of your child is of utmost importance, and we know that you, as parents, will understand the reasons for this policy.

Full Legal Name	Relationship to Child	Primary Phone Number

Parent Signature: _____

Date: _____

Custody Arrangements (If applicable)

Are there custody arrangements pertaining to legal right of access to your child? **YES** **NO**

If YES, please provide a copy of the appropriate legal documentation (e.g., court order)

Name(s) of custodial parent(s):

Name(s) of individuals prohibited from accessing/picking up your child:

Parent Signature: _____

Date: _____



Lunch Program & Diet Request Form

By signing this document, I _____ am acknowledging that I have read and understood Play Loft's No Lunch Bag Policy and agree for my child to participate in the catered lunch program offered at Play Loft.

Dietary Practice	
<input type="checkbox"/> HALAL	<input type="checkbox"/> LACTO-OVO
<input type="checkbox"/> KOSHER	<input type="checkbox"/> OVO
<input type="checkbox"/> NO RED MEAT	<input type="checkbox"/> VEGETARIAN
<input type="checkbox"/> CHICKEN	<input type="checkbox"/> VEGAN
<input type="checkbox"/> FISH	<input type="checkbox"/> OTHER:

Food Restrictions / Allergies					
PROTIEN:	<input type="checkbox"/> LEGUMES	<input type="checkbox"/> EGG	<input type="checkbox"/> FISH	<input type="checkbox"/> MEAT	<input type="checkbox"/> OTHER:
MILK PROTIENS:	<input type="checkbox"/> ALL				<input type="checkbox"/> OTHER
VEGETABLES:	<input type="checkbox"/> RAW	<input type="checkbox"/> COOKED	<input type="checkbox"/> LIST THE VEGETABLE(S):		
FRUITS:	<input type="checkbox"/> CITRUS	<input type="checkbox"/> LIST THE FRUIT(S):			
GRAINS:	<input type="checkbox"/> WHEAT	<input type="checkbox"/> RICE	<input type="checkbox"/> OTHER GRAINS:		

Food Intolerance			
<input type="checkbox"/> LACTOSE	<input type="checkbox"/> GLUTEN	<input type="checkbox"/> MSG	<input type="checkbox"/> OTHER:

Symptoms & Exposure		
What type of contact causes the reaction? <i>Please check one.</i>		
<input type="checkbox"/> Airborne (smelling)	<input type="checkbox"/> Trace Cross Contact (touching)	<input type="checkbox"/> Actual ingestion (eating)
Please explain: (reaction or symptom):		

Any Additional Information, please list below:

Parent Signature: _____

Date: _____



Authorization for Non-Prescription Medications

The following: **sunscreen, moisturizing skin lotion, lip balm, insect repellent, hand sanitizer and diaper cream** can have a single parent authorization (written approval) and can be administered without medication consent form as long as they are non-prescription. Play Loft staff require the product to be in its original packaging or we will not be able to apply to your child. Please note, Play Loft staff will not track and document the administration of the following items:

I give permission for Play Loft staff to administer the following products as per the packaging directions. *Please note all items must be in the original container for staff to administer.*

- (a) Sunscreen
- (b) Moisturizing skin lotion
- (c) Lip balm
- (d) Insect repellent
- (e) Hand sanitizer
- (f) Diaper cream

Important Note:

- The product must be hand given to a Play Loft staff, labeled with your child's initials, never to be left in the child's cubby and/or backpack
- All parents must provide written consent for Play Loft staff to administer non-prescribed medications; otherwise, we are unable to do so.
- Play Loft staff will only administer non-prescribed medications and creams in their original packaging
- The product must be provided by the parent/guardian

I hereby give permission for Play Loft staff to administer the above product to my child.

Parent Name: _____

Parent Signature: _____

Supervisor Signature: _____

Date: _____



Immunization Records

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 all children who attend a Child Care Centre must be vaccinated according to Ontario's Publicly Funded Immunization Schedule, as recommended by the local Medical Officer of Health. Annual flu vaccination is also strongly suggested.

Exemptions:

If an exemption is required, please complete either of the two forms stating the reason for exemption.

Name of Child Care Center: **Play Loft**

Child's Name: _____

Date of Birth: _____

Home Address: _____

Parent Guardian Name: _____

Telephone Number: _____

Doctor's Name: _____

Doctor's Telephone Number: _____

Please attach a photocopy of your child's immunization records to Play Loft upon registration of your child to the program.

Summer Camp Policies and Procedures Form

By enrolling our child into the program at Play Loft Learning, we have received a copy of **Play Loft Summer Camp Policies and Procedures** for our reference. Our signature below indicates that I / We (the enrolling parents) are responsible for reading the information, policies, and procedures. In addition, I/we, understand that Play Loft reserve the right to change, amend, edit, add, or delete any policy or procedure. Should a policy or procedure be changed, amended, edited, added, or deleted, parents will be timely communicated with through Play Loft. **Play Loft Summer Camp Policies and Procedures** is always available at Play Loft and can be sent via email.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____

Date Enrolled: _____

Date Discharged: _____

(This form is to be kept in child file)



Parental/Guardian Photo/Image Consent Form

The consent form is to inform and request permission for your child's photo/image and personally identifiable information to be published and/or school's web site. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to Play Loft and such rescission will take effect upon receipt by us.

- I/We GRANT permission** for a photo/image that includes this student without any other personal identifiers to be published on the school material and Internet site.

- I/We DO NOT GRANT permission** for photo/image that includes this student to be published on school material and Internet site.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Anaphylactic Parent/Guardian Agreement

I/we acknowledge and understand my participation and responsibilities in the Anaphylactic Parent Agreement and the Anaphylactic Action Plan. I agree to execute reliably all information. I hereby request and give my consent for the staff, students, or volunteers of Play Loft to execute the information provided and outlined on the plan.

In the event of an emergency, I authorize Play Loft to administer the designated medication(s) and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment, and release Play Loft Learning Preschool, its employees, students, and volunteers, from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of the administration of the procedure as provided herein. I agree that this information will be shared as necessary, with all parties in contact with my child at Play Loft Learning Preschool.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____



Emergency Medical Care Consent Form

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teachers permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____